



1648

Applicant: Mellencamp, Mark W.
Title: EQUINE HERPESVIRUS VACCINE
Appl. No.: 09/812,720
Filing Date: 03/20/2001
Examiner: Foley, Shanon A.
Art Unit: 1648

CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on the date below. <i>Chris Egan</i> (Printed Name) <i>Chris Egan</i> (Signature) 10/22/02 (Date of Deposit)
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RESPONSE TO RESTRICTION REQUIREMENT/PRELIMINARY AMENDMENT
TRANSMITTAL

Commissioner for Patents
Box FEE AMENDMENT
Washington, D.C. 20231

RECEIVED

OCT 30 2002

TECH CENTER 1600/2900

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- ☐ Small Entity statement is enclosed.
- ☒ The fee required for additional claims is calculated below:

	Claims as Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	34	—	31	=	3	x	\$18.00	=	\$54.00
Independents:	5	—	7	=	0	x	\$84.00	=	\$0.00
First presentation of any Multiple Dependent Claims:						+	\$280.00	=	\$0.00
CLAIMS FEE TOTAL:								=	\$54.00

- ☐ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$400.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the third month:	\$920.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,440.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,960.00	\$0.00
EXTENSION FEE TOTAL:			\$0.00
CLAIMS AND EXTENSION FEE TOTAL:			\$54.00
<input type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$0.00
TOTAL FEE:			\$54.00

- ☐ Please charge Deposit Account No. 06-1447 in the amount of \$54.00. A duplicate copy of this transmittal is enclosed.
- ☒ A check in the amount of \$54.00 is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date 10/22/2002

By M. Scott McBride

FOLEY & LARDNER
Customer Number: 26371



26371

PATENT TRADEMARK OFFICE

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M. Scott McBride
Attorney for Applicant
Registration No. 52,008